									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003								)	1 14 12554 1				
									10725547				
						umn 2)		SMALL TYPE	ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS /O			10					RATE	FEE	7	RATE	FEE	
FOR NUM			NUMBE	R FILED .	NUMBER EXTRA			BASIC F	EE 385.0	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			10-11	/0 - minus 20=		· Ø		X\$ 9=		ОЯ	X\$18=		
INDEPENDENT CLAIMS /-			1- 1	/- minus 3 = 7		0		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		7	200		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>		-	OR			
								TOTAL	- P85.	JØR	TOTAL	<u> </u>	
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALI	L ENTITY	OR	OTHER SMALL		
d	110	CLAIMS REMAINING		HIGH	ST		[	RATE	ADDI-	7	RATE	ADDI-	
<b>AMENDMENT A</b>	EXH	AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA			TIONAL	-		TIONAL	
	Total	- It	Minus	PAID	- <del>он</del> У)	=	V2.0		FEE	1	V046	FEE	
	Independent	. 1	Minus	1	<del>Ź</del> —	= /-		X\$ 9=		OR	X\$18=		
A	FIRST PRESENTATION OF MULTIPLE DE			PENDENT CLAIM			X43=		OR	X86=			
								+145=		OR	+290=	/	
								TOTAL	- 8	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										_			
AMENDMENT B		CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT	ΙГ	D.47#	ADDI-	7 1		ADDI-	
		AFTER AMENDMENT		PREVIO	-	EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·	
AME.	Independent	*	Minus	***		3		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	CLAIM		F			1			
							L	+145=	<u> </u>	OR	+290=		
							A	TOTAL DDIT. FEE	<u> </u>	OR ,	TOTAL DDIT. FEE		
(Column 1) (Column 2) (Column 3)													
اد	•	CLAIMS REMAINING		HIGHE: NUMBE	R	PRESENT EXTRA	Γ	RATE	ADDI-	l	RATE	ADDI-	
Z .		AFTER AMENDMENT		PREVIOU PAID FO					TIONAL FEE			TIONAL FEE	
AMENDMEN	Total	•	Minus	4.0		=	Γ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		Y42-				· · ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	X43=		OR	X86=		
											+290=	•	
* If the .ntry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OF										OR	TOTAL DDIT. FEE		
n	the "Highest Num he "Highest Num	mber Previously Paid ber Previously Paid	s For IN THIS For (Total or	S SPACE is to Indipendent	ess than ) is the I	i 3, enter "3." highest number t			propriate box				